

WHO Family of International Classifications Network Annual Meeting 2009

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Summary Report

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The meeting served to review all elements of the WHO Family of International Classifications. The highlight of this year's meeting was the peer review of committee and reference group work. The review process focused on aspects like indicators of success, resources, redundancy, utility and feasibility of products. As a result, committee and reference group work plans were condensed considerably. Work to streamline and clarify the work products of committee and reference groups will continue throughout 2010 with the aim to have the WHO-FIC network activities better integrated into WHO work planning. Marjorie Greenberg (Head of the North American WHO FIC Centre) and Stefanie Weber (Head of the German WHO FIC Centre) were elected as co-chairs of the WHO-FIC council.

The special topic of this year's Annual meeting was on Primary Health Care (PHC). During two plenary sessions and one poster session international experts discussed experiences and prospects of Primary Health Care at both local and global levels, linkages with classification related development, and revision activities. The need to improve the user-friendliness of WHO-FIC for PHC use was highlighted. Furthermore, experts stressed the importance of the PHC use case development and compatibility between ICD-11 Primary Care version and the International Classification of Primary Care (ICPC).

Papers presented in the conference are available at the meeting web site: **www.who.int/classifications**. **The views expressed in these papers are those of the named authors only, and do not necessarily represent WHO's or the WHO-FIC Network's views.**

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1. Opening

The meeting of the WHO Family of International Classifications (WHO-FIC) Network opened on 17 October 2009 with a welcoming address by His Excellency, Dr Young Hak Yoo, (Vice-Minister of Health, Welfare and Family Affairs) and Dr. Narantuya Samdan (Regional Advisor, WHO Western Pacific Regional Office (WPRO), on behalf of the Regional Director. Further keynote addresses were provided by Commissioner Insill Yi from Statistics Korea, Dr Man Ho Kyung (President, Korean Medical Association) and Dr Hyun-Soo Kim (President, The Association of Korean Oriental Medicine).

The officials welcomed the delegates to Seoul, and emphasized the importance of classification systems as international data standards in an increasingly globalized and interconnected world. Furthermore, they stressed the significance of the WHO-FIC network annual meeting as a mechanism for exchanging information and enhancing the understanding among countries for common concepts of health- and health related classification and terminologies. The proposed designation of the Korean WHO-FIC center was strongly welcomed.

2. Participants and election of officers

130 international participants attended the meeting with representatives from 12 WHO Collaborating Centres, Ministries of Health and National Statistical Bureaus from 23 countries.

Members of the Network noted with regret that of the six WHO Regional Offices, only 3 (EURO, SEARO, and WPRO) had been able to attend the meeting. In addition, representatives from the Indian, Russian, Venezuelan and former UK CCs were unable to attend. Members also urged the need to continue efforts to finalize the arrangements for additional collaborating centres, keeping in mind the widest possible geographic coverage.

The WHO Secretariat, assisted by representatives of the Korean, and North American Centres, were designated rapporteurs.

3. Committees, and Reference Groups

All Committees and Reference Groups held and concluded their meetings before the WHO-FIC Network conference began. Each of the committees and reference groups presented an annual report of their activities and compiled a detailed meeting report for the relevant stream of work. These reports are available on the meeting website.

A peer review of committee and reference group work was conducted. The review process focused on aspects like indicators of success, resources, redundancy, utility and feasibility of products. As a result, committee and reference group work plans were condensed considerably. Work to streamline and clarify the work products of committee and reference groups will continue throughout 2010 with the aim to have the WHO-FIC network activities better integrated into WHO work planning.

4. International Classification of Diseases (ICD)

Work on the ICD is addressed in committees for education, implementation, technical tools, update and revision and the relationship to other members in the WHO Family of International Classifications (WHO-FIC) Network. Technical issues are addressed by a morbidity reference group and a mortality reference group.

4.1 ICD Implementation

WHO database on ICD implementation: An online demonstration of the database and its functionality was presented. WHO FIC CC and country representatives were invited to populate the database with relevant country specific information.

Regional implementation networks of the WHO-FIC will address fostering information sharing, and implementation strategies. Progress on the institutionalization of regional networks was reported from the

following regions: Americas, Asia-Pacific, Europe, and French speaking countries. It is expected that the implementation will be supported with internal resources, along with the help of Regional Offices and external donors.

4.2 ICD Education

The main activities during this period were the further development and testing of the ICD-10 web-based training tool. The Education Committee (EC) and the Joint Collaboration (JC) with the International Federation of Health Records Organizations (IFHRO) prepared and submitted a funding proposal to continue and expand the International Training and Certification Program. Unfortunately, the proposal did not meet the funder's current priorities. The International Exam for mortality coders was translated to French, Spanish and Portuguese, and the Spanish version was piloted in Mexico. Regarding the development of a Certification for Morbidity coders, the plan for an International Exam has been discussed in consultation with the Morbidity Reference Group. A survey was conducted by the EC and JC on the assessment process for practicing and new morbidity coders and the desirability of an international exam. Although respondents supported the need for an exam and certification in some countries, development of an exam for morbidity coders was postponed until revision of the definitions and rules for using the ICD for morbidity coding. The EC prepared four Information Sheets on classification topics and developed a proposal and the content for a Briefing Kit for Collaborating Centres.

4.3 ICD Updates

The URC approved 61 of the 81 recommendations for updating ICD-10, including determining that the code for H1N1 flu will remain as a 3 character code at category J09 with an added directive to 'use additional code' note for classification of manifestations; introduced detail pertaining to parastomal and incisional hernias at K43 and added new codes for drug resistant micro-organism. It was agreed that updating of ICD-10 would continue with major updates in 2010, 2013 and 2016. The WHO FIC council approved for the committee's revised Terms of Reference. Recommendations for further enhancement of the ICD-10+ platform to support the work of updating ICD-10, ICF and ICD-11 were made. At the request of WHO, countries with an electronic version of ICD-10 agreed to create placeholder codes in the ICD-10 to allow for the addition of codes in an emergency situation. This will be brought forward on the ICD-10+ platform for 2010 and will determine the location within the classification.

4.3.1 Mortality Reference Work

The MRG activities included: discussion of 70 ICD update related issues; 15 new issues were initiated; 13 draft recommendations to MRG area of ICD-10+ platform were posted; 18 recommendations were passed to the URC open discussion area (9 ICD changes, 9 no ICD changes). The need to revive Mortality Forum was stressed. The following work priorities for 2010 were identified: (i) Develop suggestion and submit for review of a revised international death certificate by April 2010, instructions for maternal and perinatal deaths by October 2010, instructions for flu/epidemic diseases by April 2010, classification of cancers of liver, lung and brain by October 2010; (ii) Revise, correct, and update decision tables as part of maintenance of decision tables for ICD-10 by April annually; (iii) Devise and test new representations of the mortality rules for ICD-11 by October 2010; (iv) Develop suggestion and submit for review further coding guidelines: sepsis, multiple injuries by October 2010; (v) Develop suggestion and submit for review further classification issues: carbon monoxide, alcohol-related deaths by October 2010; (vi) Ensure mortality perspective is reflected in the revision process through participation in the ICD-11 mortality linearization group such as mortality's concern about having a slower update cycle.

4.3.2 Morbidity Reference Work

In support of the ICD revision process the MbRG produced two documents. The first paper on "ICD-11 Conventions" presents the current view of MbRG and MRG on rules, conventions and structure for ICD-11 including detailed work on analysis of the dagger-asterisk convention. The second document identifies the main areas within ICD-10 in need of revision from a morbidity perspective.

Regarding the definition of main condition for ICD-11 international comparisons, a set of case scenarios were tested by the various member countries against a proposed definition and model for main condition. It is envisaged to have further refinement and testing of the proposed definition and model in alpha and beta phases of the ICD revision. A similar approach has been deployed for the rule on sequencing of presenting problem and underlying condition which is closely linked to the definition of main condition. It was also agreed to work on the textual information on ICD coding rules (Vol. 2).

A task force was set up to develop the morbidity use case for ICD-11 and the results were presented at round table discussions during the meeting plenary.

WHO is exploring the involvement of MbRG members in a TAG like group for the morbidity linearization.

4.4 ICD Electronic Tools

The ETC reported on release of the CTK (Classification Tool Kit) and ClaML (Classification Markup Language) ready for routine application at DIMDI and WHO for WHO-FIC Classifications. The Australian Centre is considering to use CTK to replace its old Classification maintenance platform. Work on improving ClaML in alignment with CTK is done by the Dutch CC in collaboration with the Swedish National Health Board.

ETC assistance in the improvement of linkages between ICD-11 Revision tools (iCAT) and CTK was stressed.

An update was provided on the status of IRIS software for language independent mortality coding. About 15 countries from all over the world are working with or testing IRIS. The group welcomed the development of the IRIS and emphasized the importance of an international agreed standard for automated mortality coding.

Some discussion evolved on changes to ClaML that might be necessary in the future. It was agreed to discuss this matter further with a small expert group, bringing in experiences of the involved CC's.

5. International Classification of Functioning, Disability, and Health (ICF)

ICF work is structured along different streams of work that relate to implementation, education, updates and electronic tools and relationship to other members of WHO-FIC. Technical issues are addressed by the Functioning and Disability Reference Group.

5.1 ICF Implementation

WHO database on ICF implementation: The information rubrics of the database were presented and discussed. Key features of the ICF implementation database will include browsing, editing and commenting on implementation related information. The importance of providing "Know How" information on ICF implementation in health, and disability statistics, clinical use and disability certification was emphasized.

Regional implementation networks of the WHO-FIC. Status and prospects of regional networks in Latin America, Europe, French speaking countries and in the Asia-Pacific Region were discussed. It is expected that these will be supported through internal resources, support of Regional Offices and external donors.

5.2 ICF Education

The ICF e-learning tool and the processes for revision and comments were presented. The protocol for testing will be shared with the EC and FDRG in November 2009, and the test will be conducted from December 2009 to June 2010. Translation into other languages is planned. A draft version of the ICF overview document was presented.

5.3 ICF updates

The committee initiated the processes for updating the ICF building on the policies and procedures for updating the ICD. In collaboration with the FDRG and WHO Secretariat the ICF update mechanism (platform, user guide and arrangements with URC) were finalized. The submission and processing of update proposals will begin with ICF-CY related update proposals.

5.4 ICF Electronic tools & Ontology

The Italian Centre has worked on putting the ICF into the CTK (Classification Tool Kit). After a meeting of some experts in spring 2009 an Implementation Profile for the ICF in ClaML (Classification Markup Language) was developed and according to this profile electronic versions of the ICF from the WHO-Database could be generated in ClaML. The Italian Centre developed style sheets for the CTK which have been included in the software in order to enable all users of the CTK to generate an output file of the ICF from the CTK for printing purposes. The ETC welcomed the work of the Italian Centre.

The Italian Centre also presented a approach of evaluating the ICF from an ontological point of view.

5.5 Functioning and Disability reference work

The FDRG reported on the following deliverables:

- A first draft of a guidance document on ICF use and coding was produced and reviewed. The review stressed that the document need to focus on providing ICF users guidance on documentation and coding of Functioning and disability information using ICF. A revised version of the document will be prepared for discussion at the FDRG mid year meeting.
- In collaboration with the URC, and WHO ICF update mechanism (platform, user guide and arrangements with URC) were finalized. The submission and processing of update proposals will begin with ICF-CY related update proposals.
- A document on ICF key terms for use in ICD-11 has been prepared and conveyed to WHO and the ICD Revision Steering Group for consideration.
- An update on ICF-related measurement work (e.g. work on parsimonious set and mapping) was given.
- Draft educational materials, with EC, including an advance draft of an ICF overview, and preliminary comment on an electronic educational tool (being prepared by the ICF Research Branch of the German CC)
- Draft discussion paper on operationalizing Environmental Factors. The paper will be submitted for publication.

6. WHO-FIC - other Fields

The FDC reported on the following activities:

ICHI development: As decided at the 2009 mid-year Council meeting, work continued on the ICHI coding scheme, and developing an ICHI Content Model and Project Plan. The mid year meeting focused on these activities. Several papers on ICHI were prepared for the 2009 meeting. There were presentations on the ICHI Content Model, Coding Scheme - which outlined the work to date on the framework of the axes - Target, Action and Means, Use cases and Project plan. There was also a presentation on the development of the Chinese Classification of Health Interventions. Next steps include the finalization of work on Phase 1, the ICHI Coding Scheme, during 2010 (main focus of mid year meeting). Work to commence on ICH Development Phase 2, ICHI Content.

Primary Care: Clarify roles for WHO-FIC classifications in primary care and work with WONCA on primary care classification. A paper was prepared for discussion at the 2009 meeting. Several WHO-FIC classifications can play a role in primary care. Improved alignment with ICPC during its revision is essential. It was noted that many WHO-FIC classifications have a role in primary care. As ICPC is revised, alignment with other WHO-FIC classifications should be a goal. It is planned that the FDC will continue to work with WONCA during ICPC revision. A poster session was dedicated to the memory of Henk Lamberts, an influential academic and leading classification expert who co-authored the International Classification of Primary Care (ICPC). He died on

December 29, 2008, aged 68. The poster session paid tribute to his life as a leading researcher and his legacy for primary care and classifications.

System of Health Accounts: The 2008 meeting agreed to continue the exploration options for a classification in conjunction with other interested parties. During 2009, opportunities for input to the System of Health Accounts revision process on classification issues were identified and pursued for discussion at the 2009 meeting.

International Classification for Patient Safety: WHO provided an update on the preparatory work on ICPS development incl. work on the formalization of knowledge representation of the ICPS conceptual framework. It is planned that the FDC will act as a WHO-FIC portal in Patient Safety development by providing commentary in response to update from the ICPS development team.

International Classification for Nursing Practice: this item has been deferred to the mid-year meeting in 2010.

International Classification of Traditional Medicine: A report outlining the plans to develop an International Classification of Traditional Medicine was presented. It is planned that the FDC will act as the WHO-FIC portal in ICTM development.

7. WHO-FIC and Terminologies

Collaboration with IHTSDO: The finalization of legal agreement and governance structure is scheduled for end 2009 beginning 2010. The agreement will cover the business principles regarding (1) linkages/mappings (joint development & IP ownership, open public access) and (2) WHO Classifications and SNOMED-CT (open to all users for development and testing, open to all users for interpretation).

8. Strategic Work Plan and Network Governance

During the meeting a peer review of committee and reference group work was conducted. The review process focused on aspects like indicators of success, resources, redundancy, utility and feasibility of products. As a result, committee and reference group work plans were condensed considerably. Work to streamline and clarify the work products of committee and reference groups will continue throughout 2010 with the aim to have the WHO-FIC network activities better integrated into WHO work planning. Marjorie Greenberg (Head of the North American WHO FIC Centre) and Stefanie Weber (Head of the German WHO FIC Centre) were elected as co-chairs of the WHO-FIC council.

9. Network Meetings

In 2010, the WHO-FIC Network will meet from 16-22 October in Toronto, Canada. The meeting will be hosted by CIHI on behalf of the North American Collaborating Centre. The following topics have been selected as possible meeting themes: Option 1 "What difference data makes"; Option 2: Linkages between terminologies and classifications.

The mid year meeting of the Council will be held in conjunction with the RSG meeting mid April 2010 in Geneva, Switzerland. The exact dates will be determined by WHO in discussion with the Small Executive Group.

The WHOFIC meeting for 2011 and 2012 are scheduled to take place in South Africa and Mexico. Confirmation regarding the hosting of the 2011 in South Africa is expected by beginning of 2010.

All References to committee reports are published on the website of the 2009 Annual Meeting of the WHO-FIC Network: **www.who.int/classifications**

- Council (Documents C001A)
- Education Committee (Document C002A)
- Electronic Tools Committee (Document C003A)
- Family Development Committee (Document C004A)
- Implementation Committee (Document C005A)
- Update, and Revision Committee (Document C006A)
- Functioning, and Disability Reference Group (Document C007A)
- Morbidity Reference Group (Document C008A)
- Mortality Reference Group (Document C009A)
- Terminology Reference Group (Documents C010A)